

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AB	TC900	04-00-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	79	1	79	1	79
2	9305	2	9305	2	9305
3	020203	3	020203	3	020203
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35	+NN	35	+NN	35	+NN
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43	+NN	43	+NN	43	+NN
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If more than 150 claims or 10 actions  
staple additional sheet

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